VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Voice/TTY (802) 241-0480
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-0343

February 17, 2016

Ms. Francetta Tice, Administrator
Misty Heather Morn Community Care Home
174 Blissville Road
Hydeville, VT 05750

Dear Ms. Tice:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 12, 2016.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota RN

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0174	A. BUILDING: _____ B. WING _____	01/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISTY HEATHER MORN COMMUNITY CARE H	174 BLISSVILLE ROAD HYDEVILLE, VT 05750

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R100	Initial Comments: An unannounced on-site Residential Care Home (RCH) re-licensure survey was conducted on 1/12/16 by the Division of Licensing and Protection. The following regulatory violations were identified:	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the RCH failed to ensure that each resident's care plan addressed all of the resident's assessed and identified needs for 1 applicable resident. (Resident #2) Findings include: Per record review, the care plan for Resident #2 failed to reflect mental health concerns associated with a recent hospitalization due to self harm and ongoing generalized anxiety disorder and depression. Although the admission resident assessment dated 12/7/15 had identified some of the resident's psychosocial needs, there was a failure to incorporate specific interventions to assist staff in addressing and monitoring the resident's behaviors.	R145	02-14-16 Revise resident care plan to address - self harm, anxiety + depression - (all these Issues were discussed with staff - she was on hourly checks - also medications were taken in front of staff - also staff were instructed on how to handle panic attacks - we were in communication with her Psychiatrist + her case manager multiple time - also her family.	

R145 - R302 POCs accepted 2/16/16 Finchtosh RN | PMC

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R155	Continued From page 1	R155		
R155 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c. (12) Assume responsibility for staff performance in the administration of or assistance with resident medication in accordance with the home's policies. This REQUIREMENT is not met as evidenced by: There was a failure by the RN to assure staff performance in the assistance with resident medication and blood glucose testing was in accordance with standards of infection control practices and present policies and procedures for 1 applicable resident. (Resident #3) Findings include: Per observation on 1/12/15 at 11:25 AM a medication delegated staff member was observed assisting Resident #3, an insulin dependent diabetic, with his/her blood glucose testing. The staff member was observed removing a used lancet from the "pull & click" lancet pen and inserting a new lancet into the pen. Resident #3 was given an alcohol pad to clean a finger in preparation for using the lancet pen. The staff member gave the pen to Resident #3 who positioned the device on the finger prepped with the alcohol pad. With a click of the pen the lancet pricked the resident's finger and a drop of blood was present on the finger. The glucose meter with test strip was given to the resident who preceded to collect a drop of the blood onto the meter strip and a blood glucose reading was obtained. As the staff member stood at the medication cart preparing the insulin pen for Resident #3, the finger which was pricked by	R155	Retrain all staff. Post proper procedures for insulin administration 01-26-16 Re demonstration of techniques Periodic monitor to ensure procedures are being followed. Review infection control procedure - / Monitor Review proper assistance procedures.	

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R155	Continued From page 2 the lancet continued to bleed. No direction was provided by the staff member to the resident to assist in controlling the bleeding. Resident #3 began sucking on his/her finger to help stop the bleeding and was also in contact with surfaces surrounding the med cart. Per interview with the staff member after the observation, it was confirmed a used lancet should not have been left in the lancet pen, noting the procedure for delegated staff is to dispose each lancet after use, eliminating any infection control risk for both staff and/or the resident. In addition, when informed Resident #3 continued to have a small amount of bleeding from the finger used to obtain the blood sample, the staff member acknowledged the resident "should have" used the alcohol pad and pressure on the finger. However the resident was not observed, monitored or directed by the staff member to assure bleeding had stopped and to prevent further opportunity for the resident's blood to potentially contaminate surfaces in and around the nurses station and medication cart creating an infection control hazard. Per interview on the afternoon of 1/12/16, the RN/RCH manager confirmed staff failed to assure infection control practices were incorporated and followed during the process of blood glucose testing.	R155		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer	R167		

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R167	Continued From page 3 medicatiDns under the fDllowing conditiDns: (5) Staff Dther than a nurse may administer PRN psychDactive medicatiDns Dnly when the home has a written plan fDr the use of the PRN medication which: describes the specific behaviDrs the medication is intended to correct Dr address; specifies the circumstances that indicate the use Df the medicatiDn; educates the staff abDut what desired effects Dr undesired side effects the staff must monitDr fDr; and documents the time Df, reasDn for and specific results of the medicatiDn use. This REQUIREMENT is nDt met as evidenced by: Based Dn staff interview and recDrd review the RCH failed to ensure there was a written plan fDr unlicensed staff tD direct them when made responsible for the administration Df PRN psychDactive medicatiDn for 1 applicable resident (Resident #2). Findings include: Resident #2 has a significant mental health history. In an effDrt to assist with managing symptoms of anxiety, the attending physician had made medicatiDn adjustments to include a trial of Trazadone 50 mg. 1 tablet every 1/2 hour up to 4 tabs Drally PRN (as needed) and withholding Dther medicatiDn. The resident's recDrd/care plan failed to reflect specific anxiety related behaviDrs tD monitDr during this trial perivd.	R167	I developed a new form for PRN psychoactive medicatons - including specific behaviors. The staff had been instructed verbally about when, how, why & give PRN. The new form will be placed in medication book.	01-26-16
R169 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.e Staff responsible for assisting residents	R169		

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R169	Continued From page 4 with medications must receive training in the following areas before assisting with any medications from the licensed nurse: (1) The basis for determining "assistance" versus "administration". (2) The resident's right to direct the resident's own care, including the right to refuse medications. (3) Proper techniques for assisting with medications, including hand washing and checking the medication for the right resident, medication, dose, time, route. (4) Signs, symptoms and likely side effects to be aware of for any medication a resident receives. (5) The home's policies and procedures for assistance with medications. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, improper techniques for assisting with medications was noted during a resident's self administration of blood glucose testing for 1 applicable resident. (Resident #3) Findings include: Per observation on 1/12/15 at 11:25 AM a medication delegated staff member was observed assisting Resident #3, an insulin dependent diabetic, with his/her blood glucose testing. The staff member was observed removing a used lancet from the "pull & click" lancet pen and inserting a new lancet into the pen. Resident #3 was given an alcohol pad to clean a finger in preparation for using the lancet pen. The staff member gave the pen to Resident #3 who positioned the device on the finger prepped with the alcohol pad. With a click of the	R169	As per POC above for #R155. Rest should all be covered by that POC.	01-26-16

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R169	Continued From page 5 pen the lancet pricked the resident's finger and a drop of blood was present on the finger. The glucose meter with test strip was given to the resident who preceded to collect a drop of the blood onto the meter strip and a blood glucose reading was obtained. As the staff member stood at the medication cart preparing the insulin pen for Resident #3, the finger which was pricked by the lancet continued to bleed. No direction was provided by the staff member to the resident to assist in controlling the bleeding. Resident #3 began sucking on his/her finger to help stop the bleeding and was also in contact with surfaces surrounding the med cart. Per interview with the staff member after the observation, it was confirmed a used lancet should not have been left in the lancet pen, noting the procedure for delegated staff is to dispose each lancet after use, eliminating any infection control risk for both staff and/or the resident. In addition, when informed Resident #3 continued to have a small amount of bleeding from the finger used to obtain the blood sample, the staff member acknowledged the resident "should have" used the alcohol pad and pressure on the finger. However the resident was not observed, monitored or directed by the staff member to assure bleeding had stopped and to prevent further opportunity for the resident's blood to potentially contaminate surfaces in and around the nurses station and medication cart creating an infection control hazard.	R169		
R213 SS=A	VI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the	R213	Door between the two rooms was removed - the doorway was framed out - sheetrock with insulation was installed - + was painted -	02-10-16

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R213	Continued From page 6 resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights. This REQUIREMENT is not met as evidenced by: Based on observation and resident and staff interview, the RCH failed to recognize the breach of privacy for 2 residents. (Residents #1 & 2) Findings include: Per interview on 1/12/16 at 10:10 AM, Resident #1 acknowledged s/he was uncomfortable with watching TV or listening to music in his/her room because of the large gap in a door located in a wall which divides the resident rooms occupied by Resident #1 and #2. Resident #1 confirmed s/he can clearly hear conversations which transpire in Resident #2's room and noting Resident #2 can probably hear conversation conducted in Resident #1's room. In addition, Resident #1 stated s/he enjoys meditation music but is hesitant to listen at a reasonable volume, voicing concern it may bother Resident #2. Per interview on the afternoon of 1/12/16 the RCH Manager/owner confirmed the door does not fit properly creating the opportunity of limited privacy for both residents.	R213		
R234 SS=C	VII. NUTRITION AND FOOD SERVICES 7.1.a.(3) The current week's regular and therapeutic menu shall be posted in a public place for residents and other interested parties. This REQUIREMENT is not met as evidenced by: The RCH failed to ensure the current week's	R234	New dry erase board was put up in dinning room! Meals posted daily on board	01-13-16

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R234	Continued From page 7 menu was posted in a public place. Findings include: Per observation on 1/12/16 of all public areas accessible for the residents and other interested parties, a posting of the week's menu could not be located. When RCH staff were asked where the menu was posted, the surveyor was directed to a menu posted on the side of the refrigerator in the kitchen. This location of the menu was not accessible for 90% of the residents and was not in a location the public normally would have access to when visiting.	R234		
R271 SS=A	IX. PHYSICAL PLANT 9.2 Residents' Rooms 9.2.d The door opening of each bedroom shall be fitted with a full-size door of solid core construction. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, the RCH failed to ensure a door located in between 2 resident rooms was full size and fitted to the door frame. (Resident #1 & #2) Findings include: Per observation of rooms occupied by Resident #1 and Resident #2 both located at the top of the stairs on the second floor, a door was observed in the wall which divides both rooms. The door did not fit securely with a gap (approximately 2-3 inches in length) noted between the top of the door and the door frame. Although the door was not utilized as an exit, the large gap permitted	R271	Taken care of by removing door + replacing it with wall the door was never used as a doorway. (work was started on) 2-08-16	2-10-16

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R271	Continued From page 8 sound to travel between rooms, limiting privacy for both residents.	R271		
R277 SS=D	IX. PHYSICAL PLANT 9.3 Toilet, Bathing and Lavatory Facilities 9.3.a Toilet, lavatories and bathing areas shall be equipped with grab bars for the safety of the residents. There shall be at least one (1) full bathroom that meets the requirements of the Americans with Disabilities Act of 1990 and state building accessibility requirements as enforced by the Department of Labor and Industry. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the RCH failed to ensure the grab bars used in bathrooms used by residents were safe and secure. Findings include: 1. During the environmental tour of the RCH on 9:45 AM on 1/12/16 grab bars attached to both down stairs bathroom toilets were noted to be loose and easily moved back and forth when touched creating an unsafe situation for residents dependent on the grab bars when transferring on and off the toilet. In addition, the grab bar handles attached to the toilet in the bathroom located near the nurse's station were noted to be torn, rough and wrapped with tape creating the potential for skin injury to residents utilizing the toilet. The RCH Manager/owner confirmed the observation on the afternoon of 1/12/16.	R277	Replaced rails in both bathrooms Monitor monthly-	01-13-16
R293 SS=E	IX. PHYSICAL PLANT	R293		

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R293	Continued From page 9 9.7 Water Supply 9.7.b If a home uses a private water supply, said supply shall conform to the construction, operation and sanitation standards published by the Department of Health. Private water supplies shall be tested annually for contamination, and copies of results shall be kept on premises. This REQUIREMENT is not met as evidenced by: Based on interview with the RCH Manager, no evidence of water testing could be provided. Findings include: Per interview on the afternoon of 1/12/16, the RCH Manager/owner confirmed the RCH water supply source is a private well and has not had the water tested annually. The Manager was unable to determine the last time the water supply was tested for contaminates.	R293	Obtain water sample for testing for contamination annually	3-1-16
R302 SS=E	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be	R302	Perform ongoing fire drills on every night shifts on quarterly basis	3-1-16

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R302	Continued From page 10 documented. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RCH failed to conduct required fire drills on a yearly basis, as required. Findings include: Per review of documentation, Fire Drills conducted from 2/3/15 - 8/16/15 were all performed during the day shift. There was no evidence of drills on evenings and/or nights or conducted when residents are sleeping. The omissions were confirmed with the RCH manager/owner on the afternoon of 1/12/16. In addition, it was further confirmed residents confined to wheelchairs would require additional assistance at the time of an evacuation during a planned fire drill.	R302		